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APPLICANTS

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** CONTINUING DATA ***** ~.~.

** FOREIGN APPLICATIONS *****

Re. Re.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** Re. Re.

** 08/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Re. Re. Examiner's Signature	Initials	11	21	4

ADDRESS

25005
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TITLE

Recombinant streptokinase

		<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	